

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.							
Due Dates: All Routes		To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number District Nam		ie		Legal Entity Number	
Stillwater		48 Park Cit		Public Schools		0846 0847	
Route # Ler	ngth of Route	(miles per day)			eage	Rated Capacity	
2 43	}		Bus Rout	□ Non Bus Mile Bus Route Mileage		71	
Vehicle I.D. #	License #		□ District Ow	rned [ed		
5615	272			If so, Name of Owner I rate per mile			
Reimbursement Distribution- Enter the	he legal entity			reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Entity	must match budget! Legal Entity		Legal Ent		у	
0846	30	347					
% 50.00	% 50.	00	%		%		
PASSENGER INFORMATION	/0 30.	00	70		70	_	
Number of Preschool/Kindergarten p	oupils riding	ELEMENTARY F (Grades PK	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
		a NUMBER)	b NUMBER		C	
Regular (include eligible Preschool/Kinder	rgarten riders)	NUMBER	\	NOWBER	\	a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Servi	ice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible)							
(Include ineligible Preschool/Kindergarten Nonpublic School Riders (ineligible)	riders)						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
This Application for Registration of S	School Bus and						
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date							



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Stillwater Park City Public Schools 0846 0847 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 54 66 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1574 108 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0846 0847 50.00 50.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Due Date		To County Supt October 1			Rate Per Mile		
All Routes	Octo	oer 1	October 15		\$1.57		
County Name		County Number	District Nan	ne		Legal Entity Number	
Stillwater		48 Columbu		s Public Schools		0848 0849	
Route #	Length of Route			rvice Bus Route Mi		Rated Capacity	
6-Countryman Cr.	39.6		Bus Rout	□ Non Bus Mileage Bus Route Mileage		76	
Vehicle I.D. #	License #		□ District Owned □ District Owned				
0923	323			If so, Name of Owner I rate per mile			
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entity		ust match budget! Legal Entity Legal Entity		Legal Entit	al Entity	
0848		349				gy	
% 65.00 PASSENGER INFORMATION	% 35.	.00	%		%		
		ELEMENTARY I		HIGH SCHOOL		TOTAL	
Number of Preschool/Kindergar this route	ten pupils riding	(Grades PK	-8)	(Grades 9-	12)	ELIGIBLE RIDERS	
		a NUMBER	t	b NUMBEF	₹	c a + b	
Regular (include eligible Preschool/l	Kindergarten riders)			_			
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre							
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg							
Nonpublic School Riders (ineligible)	garteri riders)						
TOTAL RIDERS							
	ill operate entirely on	the route established by the	Board of Trustee	es and within the transporta	tion area assigne	ed and approved by the	
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required; to provide a vehicle which Superintendent; and to provide a lice						and the State	
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I certify that this application for bus operates on the route as ap	•			•	•	•	
Signature - Chair, Board of Trustees	,			Date			
County	Franchortation Co	ommittee Approval as r	equired in acc	ordance with Section	20-10-132 MC	.ν	
This Application for Registration	of School Bus and	d State Reimbursement I					
area assigned to it by the Coun Signature - Chair, County Transport		committee.			Date		
J ,					1		



Date

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Signature - Chair, County Transportation Committee



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name District Name Legal Entity Number County Number Stillwater Reedpoint Public Schools 0850 0851 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 2A 59 48 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 8475 138 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0850 0851 60.00 40.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, County Transportation Committee



This form is required in accorda receives state reimbursement e						ach bus route that	
Due Dates: All Routes		To County Supt October 1		To OPI October 15		\$0.95	
County Name		County Number	District Nar	me		Legal Entity Number	
Stillwater		48	Rapelje I	Public Schools		0858 0859	
Route #	Length of Route	(miles per day)	Type of Service ☐ Bus Route M☐ Non Bus Mile			Rated Capacity	
2	92.4		Bus Rou	Bus Route Mileage		36	
Vehicle I.D. #	License #					District Owned	
1405	273		Contract - If so, Name of OwneContracted rate per mile				
Reimbursement Distribution- En	iter the legal entit			reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Enti		must match budget! Legal Entity		Legal Entity		
0858	(0859					
% 54.00	% 40	5.00	%	0/		%	
PASSENGER INFORMATION	70 40	5.00	70				
Number of Preschool/Kindergar this route	Number of Preschool/Kindergarten pupils riding		RIDERS (-8)	HIGH SCHOOL I (Grades 9-7	_	TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/h	Kindergarten riders)			HOMBEI			
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)							
Nonpublic School Riders (ineligible) TOTAL RIDERS							
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Signature - Chair, Board of Trustees	are adireportation de	4104 4001		Date			
This Application for Registration	of School Bus ar						
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date							



receives state reimbursement even though transport Due Dates: All Routes			To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number	District Nar	me		Legal Entity Number	
Stillwater			48	Absaroke	ee Public Schools		0861 0862	
Route #					Type of Service Bus Route Mile Non Bus Milea		Rated Capacity	
3	96			Bus Rou	te Mileage	_	71	
Vehicle I.D. # 0767	293	ense #		 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile 			ed	
Reimbursement Distribution			number and percentage			paid to each dis	trict. Note: Percentages	
		-	must m	atch budget!				
0861	Legal Entity Legal Entity 0861 06		, 362	Legal Entity		Legal Entity		
% 50.00	c	% 50.	00	%		%		
PASSENGER INFORMAT	ION							
Number of Preschool/Kind this route	umber of Preschool/Kindergarten pupils riding		ELEMENTARY (Grades Ph	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBE	R	c a + b	
Regular (include eligible Preschool/Kindergarten riders)			-			3.1.5		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)							-	
Non-WC IEP Lists Trans as R	elated Service							
TOTAL ELIGIBLE RIDER	S							
Ineligible Public School Riders nonresident and no attendanc otherwise allow nonresident ri (Include ineligible Preschool/k Nonpublic School Riders (inel	e agreement that w ders to be eligible) (indergarten riders)	vould						
TOTAL RIDERS								
County Transportation Comm We agree to supervision of required; to provide a vehicle Superintendent; and to provid We also agree to refrain fre We understand that violation this bus route.	ittee. We further control this bus and bus rownich meets the mile a licensed, qualified most soliciting or cause one of the laws, rule crosses district linericts shall be attach ges occurring during ICA. In for registration as approved by a shall bus not registration as approved by a shall bus registration.	ertify that route by to the course by to inimum so ied and a using other es or regress and trained to the ing the school of school of school in the course of school in the course of school in the sc	the State Superintendent; to standards as established by pproved driver to operate sers to solicit students from coulations governing school transports students from outse county superintendent's concol year require the filing color bus and state reimbu	eligible for school or make such report the Board of Pubsuch vehicle as resulter transportation ansportation will like the district, a copy of this docum of an amended Transment is true	transportation as defined bets to the State Superintence. Julic Education, the Montana quired by 20-10-103, MCA n areas. De sufficient cause for withle copy of the agreement betwent. Reference and approval of the and complete to the be	y 20-10-101, MC/dent and County Standard State and County Standard State and	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the	
			ommittee Approval as					
This Application for Regist area assigned to it by the				nas been revie	wed and I certify that th	is bus operates	within the transportation	
Signature - Chair, County Trai		Date						



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